

## Operation Healing Forces Conflict of Interest Policy

### Policy

<b>Document Number:</b>	<b>OHF103</b>
<b>Renewal Approval Date:</b>	<b>03/11/2021</b>
<b>Current Version Effective Date:</b>	<b>03/06/2020</b>
<b>Initial Approval Date:</b>	<b>02/07/2017</b>
<b>Renewal Frequency:</b>	<b>Annually</b>

The purpose of the following policy and procedure is to prevent the personal interest of staff members, board members, and volunteers from interfering with the performance of their duties to Operation Healing Forces, or result in personal financial, professional, or political gain on the part of such persons at the expense of the Operation Healing Forces or its Members, supporters, and other stakeholders.

#### **DEFINITIONS:**

- ***Conflict of Interest*** (also Conflict) means a conflict, or the appearance of a conflict, between the private interests and official responsibilities of a person in a position of trust. Persons in a position of trust include staff members, officers, and board members of Operation Healing Forces.
- ***Board*** means the Board of Directors.
- ***Officer*** means an officer of the Board of Directors.
- ***Volunteer*** means a person-- other than a board member-- who does not receive compensation for services and expertise provided to Operation Healing Forces and retains a significant independent decision making authority to commit resources of the organization.
- ***Staff Member*** means a person who receives all or part of her/his income from the payroll of Operation Healing Forces.
- ***Member*** means a Member of Operation Healing Forces which shall be a state association of nonprofit organizations that represent a statewide and multi-sector or sub-sector 501(c) (3) constituency with a diverse range of corporate identities, or a regional association of nonprofit organizations that represent a specific region within a state or multi-state geographic area and a multi-sector or sub-sector constituency with a diverse range of corporate identities. Supporter means corporations, foundations, individuals, 501 (c) (3)

nonprofits, and other nonprofit organizations that contribute to Operation Healing Forces.

**POLICY AND PRACTICES:**

1. Full disclosure, by notice in writing, shall be made by the interested parties to the full Board of Directors in all conflicts of interest, including but not limited to the following:
  - a. A board member is related to another board member or staff member by blood, marriage or domestic partnership.
  - b. A staff member in a supervisory capacity is related to another staff member whom she/he supervises.
  - c. A board member or their organization stands to benefit from an Operation Healing Forces transaction or staff member of such organization receives payment from Operation Healing Forces for any subcontract, goods, or services other than as part of her/his regular job responsibilities or as reimbursement for reasonable expenses incurred as provided in the bylaws and board policy.
  - d. A board member or staff member is a member of the governing body of a contributor to Operation Healing Forces.
  - e. A volunteer working on behalf of Operation Healing Forces who meets any of the situations or criteria listed above.
2. Following full disclosure of a possible conflict of interest or any condition listed above, the Board of Directors shall determine whether a conflict of interest exists and, if so the Board shall vote to authorize or reject the transaction or take any other action deemed necessary to address the conflict and protect the best interests of Operation Healing Forces. Both votes shall be by an affirmative vote of a majority of the disinterested directors on the Board, even if the disinterested directors are less than a quorum, and more than one disinterested director must authorize any authorization of the transaction.
3. A Board member who is formally considering employment with Operation Healing Forces must take a temporary leave of absence until the position is filled. Such a leave will be taken within the Board member's elected term, which will not be extended because of the leave. A Board member or Committee member who is formally considering employment with Operation Healing Forces must submit a written request for a temporary leave of absence to the Secretary of Operation Healing Forces, indicating the time period of the leave. The Secretary of Operation Healing Forces will inform the Chair of the Board of such a request. The Chair will bring the request to the Board for action. The request and any action taken shall be reflected in the official minutes of the following Board meeting.
4. An interested Board member, officer, or staff member shall not participate in any discussion or debate of the Board of Directors, or of any committee or

subcommittee thereof in which the subject of discussion is a contract, transaction, or situation in which there may be a perceived or actual conflict of interest. However, they may be present to provide clarifying information in such a discussion or debate unless objected to by any present board or committee member.

5. Anyone in a position to make decisions about spending Operation Healing Forces resources (i.e., transactions such as purchases contracts - who also stands to benefit from that decision) has a duty to disclose that conflict as soon as it arises (or becomes apparent); s/he should not participate in any final decisions.
6. A copy of this policy shall be given to all Board members, staff members, volunteers or other key stakeholders upon commencement of such person's relationship with Operation Healing Forces or at the official adoption of stated policy. Each board member, officer, staff member, and volunteer shall sign and date the policy at the beginning of her/his term of service or employment and each year thereafter. Failure to sign does not nullify the policy.
7. This policy and disclosure form must be filed annually by all specified parties.

## Operation Healing Forces Conflict of Interest Disclosure Form

This form must be filed annually by all specified parties, as identified in the Operation Healing Forces Conflict of Interest Policy Statement.

Mr.       Mrs.  
 Ms.       Dr.

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Preferred Title      Last Name      First      M.I.      Nickname

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Spouse's Name      Nickname

### OFFICE ADDRESS:

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Firm

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Street Address

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City      State      Zip

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Phone Number      Fax Number      Cell Number

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Office E-mail

### HOME ADDRESS:

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Street Address

---

City      State      Zip

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Phone Number      Fax Number      Cell Number

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Home E-mail

**CONTACT PREFERENCES:**

I prefer that Operation Healing Forces use my  business address  home address for correspondence (please check one).

I prefer that Operation Healing Forces use my  business address  home address for e-mailed correspondence (please check one).

I would like my assistant copied on all meeting notices and Alliance invitations:  
 Yes  No

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Assistant's Name

E-mail

**RELATIONSHIPS WITH OTHER BUSINESSES AND CHARITABLE ORGANIZATIONS:**

**Please attach a brief resume.** If your resume does not identify your current business relationships and positions with other charitable organizations or grant making foundations, please complete the information requests below. These questions follow the disclosures Operation Healing Forces must make annually in it's filing of IRS Form 990. You are also asked to disclose family or business relations with other board members or key employees. Please use reverse side if necessary to complete this information.

**Charitable Organizations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Grant Making Foundations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Business Affiliations:** \_\_\_\_\_

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**Family or Business Relationships with Other Board Members:** \_\_\_\_\_

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**Other Organizations (either tax exempt or taxable) that are related to this organization through common supervision or common control, from which I receive compensation.** (Please explain the relationship between yourself and the organization and generally describe the compensation arrangement): \_\_\_\_\_

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The undersigned, by their affixed signature, note their understanding of the implications of this policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date